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FULWIDER PATTON LEE & UTECHT, LLP

LOS ANGELES

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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/811,245	03/25/2004	Lilip Lau	PARCR-67992

CONFIRMATION NO. 9028

24201

FULWIDER PATTON LEE & UTECHT, LLP  
HOWARD HUGHES CENTER  
6060 CENTER DRIVE  
TENTH FLOOR  
LOS ANGELES, CA 90045

FORMALITIES LETTER



\*OC000000012894498\*

Date Mailed: 06/08/2004

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

### Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 385 to complete the basic filing fee for a small entity.*
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of **\$246** as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

### SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$696** for a Small Entity

08/11/2004 MAHMED1 00000061 10811245

- **\$385** Statutory basic filing fee.
- **\$65** Late oath or declaration Surcharge.

01 FC:2001	385.00	OP
02 FC:2051	65.00	OP
03 FC:2201	129.00	OP
04 FC:2202	117.00	OP

- Total additional claim fee(s) for this application is **\$246**
  - **\$129** for 3 independent claims over 3.
  - **\$117** for 13 total claims over 20.

Replies should be mailed to: Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

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*A copy of this notice **MUST** be returned with the reply.*



Customer Service Center  
Initial Patent Examination Division (703) 308-1202  
PART 2 - COPY TO BE RETURNED WITH RESPONSE



CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop MISSING PARTS, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on August 4, 2004.

  
Douglas R. Peterson, Esq., Reg. No. 53,458

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/811,245  
Applicants : Lilip Lau; James Hong; Steven Meyer;  
Matthew Fishler; Craig Mar  
Filed : March 25, 2004  
Art Unit : 3736  
Examiner : Unassigned  
Title : MULTI-PANEL CARDIAC HARNESS

Docket No.: : PARCR 67992  
Customer No. : 24201

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RESPONSE TO NOTICE TO FILE MISSING PARTS

OF NONPROVISIONAL APPLICATION

Dear Sir:

In response to the Notice to File Missing Parts of Nonprovisional Application Filed Under 37 § 1.53(b), mailed June 8, 2004 (copy attached), Applicants submit herewith a copy of the Declaration and Power of Attorney for the above-identified application together with our check in the amount of \$696 which includes \$385 for the filing fee, \$65 for the small entity surcharge and \$246 for the additional claim fee.

Please credit any overpayment or charge any additional fees in this matter to our  
Deposit Account No. 06-2425. A duplicate of this paper is enclosed.

Respectfully submitted,

FULWIDER PATTON LEE & UTECHT, LLP

By: Douglas R. Peterson  
Douglas R. Peterson  
Registration No. 53,458

Howard Hughes Center  
6060 Center Drive, Tenth Floor  
Los Angeles, CA 90045  
Telephone: (310) 824-5555  
Facsimile: (310) 824-9696  
Customer No. 24201  
61328.1

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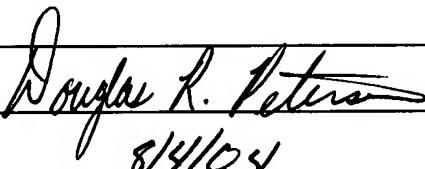
# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/811,245
		Filing Date	03/25/2004
		First Named Inventor	Lau
		Art Unit	3736
		Examiner Name	N/A
Total Number of Pages in This Submission	5+	Attorney Docket Number	PARCR-67992

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; display: inline-block;">             Check              Postcard           </div>
<div style="border: 1px solid black; padding: 5px; width: 100%;">           Remarks         </div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Douglas R. Peterson	
Signature		
Date	8/4/04	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Typed or printed name	Douglas R. Peterson	
Signature		Date
		8/4/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

\$696.00

## Complete if Known

Application Number	10/811,245
Filing Date	03/25/2004
First Named Inventor	Lau
Examiner Name	N/A
Art Unit	3736
Attorney Docket No.	PARCR-67992

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money  Other  None  
 Deposit Account:

Deposit Account Number **06-2425**

Deposit Account Name **Fulwider Patton**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
1051 130	2051 65	Surcharge - late filing fee or oath	65.00
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non - English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
Total Claims 33 -20** = 13	X 9.00 = 117.00		
Independent Claims 6 - 3** = 3	X 43.00 = 129.00		
Multiple Dependent			
Fee Code (\$)	Fee Description		
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1) (\$)	\$385.00		
Fee from below	Fee Paid		
Extra Claims			
Total Claims 33 -20** = 13	X 9.00 = 117.00		
Independent Claims 6 - 3** = 3	X 43.00 = 129.00		
Multiple Dependent			
Fee Code (\$)	Fee Description		
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)	\$246.00		
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$)	\$65.00		

\*\*or number previously paid, if greater; For Reissues, see above

## SUBMITTED BY

## Complete (if applicable)

Name	Douglas R. Peterson	Registration No. (Attorney/Agent)	53,458	Telephone	310-824-5555
Signature	Douglas R. Peterson			Date	8/4/04

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.